

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | |
|--|------|------------------------|------|------------------------|------|
| 101 61105 | | | | | |
| CLAIMS | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | / | | | |
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| TOTAL IND. | | 9 | | | |
| TOTAL DEP. | | 1 | | | |
| TOTAL CLAIMS | | 10 | | | |

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|--------------|------------|------|-------------|------|
| SERIAL NO. | 101 734090 | | FILING DATE | |
| APPLICANT(S) | | | | |
| CLAIMS | | | | |
| * | IND. | DEP. | * | IND. |
| 51 | | | 52 | |
| 53 | | | 54 | |
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| TOTAL IND. | | | | |
| TOTAL DEP. | | | | |
| TOTAL CLAIMS | | | | |